

that lasts a few months is US \$18,000, a sizable amount for a young surgeon-in-training. The endovascular materials industry has stepped in, offering endovascular fellowships “grants” to vascular residents who have just completed surgical training. As a matter of fact, endovascular training in Brazil depends on industry support, despite the potential conflicts of interest created by this situation.

2. Retraining in endovascular surgery. The SBACV and federal regulatory agencies established a Certificate of Special Competence in Endovascular Surgery in 2003. In addition to be certified in vascular surgery, the candidate has to pass a written and oral examination on endovascular surgery. Of the 1850 certified vascular surgeons practicing in Brazil, 345 have obtained the Certificate of Special Competence in Endovascular Surgery as of December 2007.⁴ An indeterminate number of Brazilian certified vascular surgeons who are not yet performing endovascular operations will certainly need additional training within the next few years in order to apply for special certification.

The vascular surgical community in Brazil is left with a twofold task: how to offer training in endovascular surgery to the 140 or so young vascular surgeons coming out of residency programs every year, as well as how to teach endovascular techniques to several hundred certified vascular surgeons already in practice. The solution to this huge problem will need the conjoined efforts of SBACV, the

universities and teaching hospitals, as well as financial support from government agencies and the industry.

CONCLUSIONS

Vascular surgery education has a long and honorable tradition in Brazil. Much has been done over five decades to establish vascular surgery as a distinct specialty, with its own teaching programs and areas of expertise. Funding educational programs and training surgeons in the new endovascular techniques are the critical issues faced by vascular surgical educators in Brazil. In order to meet those challenges, support by the international vascular community is most welcome.

REFERENCES

1. Instituto Brasileiro de Geografia e Estatística Report. <http://www.ibge.gov.br/english/estatistica/economia/ipch/default.shtm>. Accessed Jun 4, 2008.
2. World Health Organization. World health statistics 2007. <http://www.who.int/whosis/whostat>. Accessed Jun 4, 2008.
3. The Economist. Pocket World in Figures 2007. London, UK: Economist Books; 2007.
4. Portal Médico. <http://www.portalmédico.org.br>. Accessed Jun 4, 2008.
5. Boletim da SBACV. Nacional Vol 4, 2008. <http://www.sbacv-nac.org.br>. Accessed Jun 4, 2008.

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DISCUSSION

Dr Martin Veller (Johannesburg, South Africa). In view of the endovascular training programs being funded by industry, how do you ensure that the associated conflicts of interests are managed?

Dr Ricardo Moreira. This is a personal opinion. I think that it is not a good situation. Most of the surgeons who go into this

very expensive training have already completed a full residency, and they cannot just stop what they are doing to do a full-time fellowship. I think these programs should be funded by our Society, the universities, or the teaching hospitals. But, so far in Brazil, only the companies that sell vascular/endovascular materials have offered to fund those fellowships.